

Rivaroxaban for the prevention of stroke and systemic embolism in people with atrial fibrillation

Anticoagulation Europe (ACE) wish to make the following comments in response to Appraisal Consultation Document for the above technology

Equality and access to anticoagulant treatment

Approximately 1.5 million people in the UK suffer with Atrial Fibrillation (AF) AF sufferers are up to five times more likely to suffer with a stroke. It is estimated that approximately 12,500 strokes per year are attributable to AF.

.NICE Guidelines 36 (under review)– Atrial Fibrillation – The management of atrial fibrillation, advises that patients with AF who are assessed at moderate to high risk of having a stroke be anticoagulated with warfarin and patients at lower risk, with aspirin.

Anticoagulation therapy when used is highly effective and can lower the risk of stroke by about two –thirds in AF patients

Within the CG 36 Costing report, it estimates that about 46% of AF patients that should be on warfarin are not receiving therapy. The NHS Improvement – Heart – Anticoagulation for Atrial Fibrillation overview(2011) states that ***'anticoagulation services vary in quality and effectiveness across the country and there are many people not being prescribed anticoagulation when indicated, and many receiving sub-optimal therapy.'***

Warfarin is currently the most widely used anticoagulant but requires frequent monitoring and necessary dose adjustments in order to maintain a target INR. Patients are required to attend anticoagulation clinics in primary and secondary care settings and this can be disruptive, inconvenient and costly. Carers and family members may have to support and manage these visits on behalf of an elderly or immobile patient and with an aging population, some AF patients are in work and have to factor blood tests around their work responsibilities.

Venous sampling causes pain, bruising and scarring to the veins. Anxiety can occur when patients are unable to stabilise within their recommended INR range – they worry that they may have a stroke and this can exacerbate their general health and well-being.

As warfarin interacts with many foods, drinks and over the counter drugs, clinicians may have concerns relating to the effectiveness and safe management of this therapy for some of their patients. They may be reluctant to prescribe warfarin to patients who may have difficulty in achieving the recommended INR to keep them in therapeutic range or have demonstrated intolerance to the drug.

Adherence to the AF guidelines is inconsistent across the UK leaving many AF patients unprotected and at risk of a stroke. These patients are disadvantaged – being unable to take responsibility and be empowered in reducing their risk of stroke and staying healthy.

Rivaroxaban being one of the new orals should be made available and accessible as an *alternative* treatment for all eligible AF patients who are not currently being offered any anticoagulant treatment or, for those who need to increase their protection against stroke.

Rivaroxaban, one dose a day, with no monitoring required will provide a choice of treatment for AF patients and therefore the decision by NICE not to recommend this drug is detrimental and prejudicial; creating inequities of access to care among patients with long –term health conditions.

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